PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100439-2

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER SMALL I		
TOTAL CLAIMS			2.i				1	RATE FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	21 _ minus 20= '		* 1			X\$ 9=	9	OR	X\$18=	
	EPENDENT CL		5 minus 3 =		2			X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							)	OTHER SMALL ENTITY OR SMALL				
NTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total .	. 16	Minus	**	24		1	X\$ 9=		OR	X\$18=	
AME	Independent	. 4	Minus	***	T CI AIM	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	I CEAIM		ال	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER SOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N O	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	###		-	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	4	X42=		OR	X84=	·
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT	ΔPPI	CATION	FFF	<b>DETERMINATION</b>	RECORD
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Effective October 1, 2001

Application or Docket Number -

110045170												
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)			nn 2)		SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			2.1				F	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			21 _ minus 20=		• 1		>	(\$ 9=	9	OR	X\$18=	
IND	EPENDENT CL	AIMS	5- mir	nus 3 =	• 2		7	(42=	84	OR	X84=	
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	MALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total .	. 8	Minus	**	21		×	(\$ 9=		OR	X\$18=	
AME	Independent	· 3	Minus	***	5	=	>	(42=		OR	X84≃	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	140=		OR	+280=	
							ADE	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	**	21	= 3	×	<b>(\$</b> 9=		OR	X\$18=	5.4
AME	Independent	• 6	Minus	***	5	= /	,	(42=		OR	X84=	86
L	FIRST PHESE	NTATION OF M	JLI IPLE DEF	ENDEN	CLAIM		'	140=		OR	+280=	
								TOTAL		OR	TOTAL	140.
		(Column 1)		(Colu	mn 2)	(Column 3)		IT. FEE I			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU. PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	**	24	=	×	\$ 9=		OR	X\$18=	
	Independent	+ 5	Minus	***	6 T.C. A.114	= /	<b>\</b>	(42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	-ENDEN	CLAIM		1	140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB	TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												

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